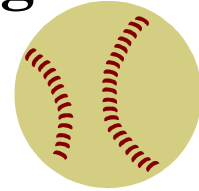


Alton Parks and Recreation: Creating Community Through People, Parks and Programs



## 2015 Adult Co-Ed Softball League REGISTRATION FORM



Our contact information:  
Alton Parks and Recreation,  
P.O. Box 659, Alton, NH 03809

Phone: 875-0109 \* Fax- 875-0242 \* E-mail: parksrec@alton.nh.gov

### Player's Information- please use one form per person

Player's Name \_\_\_\_\_ Age on June 15, 2015 \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Person to notify in emergency \_\_\_\_\_ Telephone \_\_\_\_\_

Doctor to notify in emergency \_\_\_\_\_ Telephone \_\_\_\_\_

**\*\*Please list allergies/limitations/medications:** \_\_\_\_\_

## WAIVER AND RELEASE OF LIABILITY

**Please read and sign below.**

Participation in the Adult Co-Ed Softball League Program may involve risk of injury including but not limited to sprains, bruises, torn muscles, broken bones, eye and head injuries and possible death. I attest and verify that I am at least 18 years old and that I have full knowledge of the risks involved in the Adult Co-Ed Softball League Program. I attest and verify that I am physically fit to participate in the Adult Co-Ed Softball League Program. I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the Town of Alton, its officers, agents, employees and volunteers, except in the case of their sole negligence, from all losses, injury, damages, fees and other expenses arising out of or in connection with participation in the Adult Co-Ed Softball League Program. In addition, I give permission to be treated by qualified medical personnel in the event that my emergency contact person can not be reached at the phone numbers provided.

Signature \_\_\_\_\_ Date \_\_\_\_\_